

**Provider Type 12**  
**Dental Services**

*Provider Documentation Requirements*

Specialty	Sub-Specialty	Enroll Type	Certification	License	Rate Letter	Rider A	Other Agency	Comments
009 Dentist		Ind		Professional				
	109 General Practice							
	219 Dental Public Health							
	220 Endodontics							
	221 Oral Pathology							
	222 Oral Surgery							
	223 Orthodontics							
	224 Pedodontics							
	225 Periodontics							
	226 Prosthodontics							
009 Dentist		Group		No				Need to enroll at least two licensed professionals
	109 General Practice							
	219 Dental Public Health							
	220 Endodontics							
	221 Oral Pathology							
	222 Oral Surgery							
	223 Orthodontics							
	224 Pedodontics							
	225 Periodontics							
	226 Prosthodontics							